



# Release of Information

**Purpose of the Form**

- Use this form to authorize BSD to release information pertaining to your benefits to your named individuals.

**Instructions**

- Complete the form and send it to BSD Benefits Department at Mail Stop 125.

**Note:** The authorization that you provide on this form is valid until you notify BSD in writing to revoke it.

Member Information	
<b>Name</b>	<b>Badge Number</b>

Individuals to Whom Information May Be Released				
<b>Name/Relationship</b>	<b>Street Address or P. O. Box</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
<b>Name/Relationship</b>	<b>Street Address or P. O. Box</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
<b>Name/Relationship</b>	<b>Street Address or P. O. Box</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
<b>Name/Relationship</b>	<b>Street Address or P. O. Box</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
<b>Name/Relationship</b>	<b>Street Address or P. O. Box</b>			
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>

Member Authorization	
I authorize BSD to release any and all information pertaining to the benefits for which I am or may become entitled to in the future to the individuals listed above. I further authorize BSD Benefits staff to discuss my benefits with these same individuals.	
<b>Signature</b>	<b>Date</b>